Texas Ethics Commission

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction | Guide explains how to complete this form. | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: |
|---|--|---|--|
| 3 CANDIDATE / | MS/MRS/MR FIRST | MI | OFFICE USE ONLY |
| OFFICEHOLDER NAME | Sabino Nickname Last Pio Renteria | SUFFIX | Date Received 2014 DI |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address | ADDRESS / POBOX; APT/SUITE#; CITY; 1511 HAS Kell St. Augt: N, TX 78702 | STATE; ZIP CODE | Date Hand-delivered or Posturanced C C C C C C C C C C C C C C C C C C C |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (512) 478 - 6770 | EXTENSION | Dale Processed |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST CY:St:VA NICKNAME LAST VAIdes | MI | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#; 902 & 2 Vd St. Ac | CITY, STATE; | 78702 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (512) 789-0309 | EXTENSION | |
| 9 REPORT TYPE | January 15 30th day before election July 15 8th day before election | Runoff Exceeded \$500 limit | 15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year THROUGH 10/26/2014 | Month Day 12/6/ | Vear / 2014 |
| 11 ELECTION | Month Day Year ELECTION TYPE Primary | Runoff | General Special |
| 12 OFFICE | OFFICE HELD (if any) | 1 | Citi Council |
| | | Distric | .+3 |
| | GO TO PAG | E 2 | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

(512) 463-5800

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|--|--|--|---|---------------|-----------------------------------|
| 14 C/OH NAME | ino Pio | Reter | M | 15 ACC | DUNT # (Ethics Commission Filers) |
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOT | CE OF POLITICAL CONTRIBUTIONS ACC | CEPTED OR POLITICAL EXPENDITURES M Y HAVE BEEN MADE WITHOUT THE CAN ED TO REPORT THIS INFORMATION ONLY | ODIDATE'S O | R OFFICEHOLDER'S KNOWLEDGE OR |
| | COMMITTEE TYPE | COMMITTEE NAME | | | • |
| | GENERAL | COMMITTEE ADDRESS | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | |
| | | COMMITTEE CAMPAIGN TREASU | JRER NAME | | |
| additional pages | | | | | |
| | | COMMITTEE CAMPAIGN TREAS | URER ADDRESS | | |
| 17 CONTRIBUTION TOTALS | | | OF \$50 OR LESS (OTHER THAS OF LOANS), UNLESS ITEMI | | \$1,085.00 |
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| | DEENA ESTRADA S lotary Public, State My Commission E | of Texas xpires — | Salis Fin | Ker | sting. |
| January Constitution | November 19, | 2018 | Signature of Ca | ndidate or | rOfficenolaer |
| AFFIX NOTARY STAM | | me by the said | abiro Rentali | a | , this the |
| Sworn to and subscribed before me, by the said | | | | | |
| Stapped | Salina | s Seeva | Ustraola Saliv | us_ | Notary Public |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

State:

Zip Code

Employer (See Instructions)

City;

Guarantor address:

not applicable

Principal Occupation (See Instructions)

P.O. Box 12070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| The | Instruction Guide explains how to complete thi | s form. | 1 Total pages Sch | edule A: |
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| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | | 8 In-kind contribution |
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| 11/6/14 | Gilberto Valas que 2 6 Contributor address; City; State; Zip Code | | 250.00 | I |
| ' | 1908 Holly St. Austin Tx | 18702 | : | l |
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| 9 Principal occu | pation / Job title (See Instructions) | 10 Employer (See In | structions) | |
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| 12/1/14 | Contributor address; City; State; Zip Code | _ | 350.00 | |
| 1 ' ` | Contributor address; City; State; Zip Code 2408 WINSOV AUSTINIX | 78703 | | |
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| 1-1-1 | Contributor address; City; State; Zip Code 3300 GOVALLE Austin T | | | } |
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| 11/19/14 | Contributor address; City; State; Zip Code | | 350.00 | |
| , , , , | 1803 Polo Austin TX | 78703 | 950.00 | |
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| , , , | Rudy Colmerer U Contributor address; City; State; Zip Code 700 LAUNCA HGOTAUSTIN | | 5 | ' |
| 1/20/14 | Contributor address; City; State; Zip Code | | \$350,00 | |
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(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

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| 11/27/14 | Contributor address; City; State; Zip Code | | 350.00 | |
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| 147/14 | SAVAL MCELVANEY. Contributor address; City; State; Zip Code 7673 Rochpoint Austin | _ | 150.00 | · |
| | 17673 Rochpoint Austin | Tx 78731 | | ₹ |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

| The | Instruction Guide explains how to complete this | s form. | 1 Total pages Sch | nedule A: |
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| 1.10.1 | Contributor address; City; State; Zip Code 6511 Hillside Hollow | | 150,00 | • |
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. Box 12070 Austin, Texas 767 11-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| | Richard De Palma | | Contribution (4) | description (ii applicable) |
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| 11/8/14 | 6 Contributor address; City; State; Zip Code 7821 Wisteria Valley | | | |
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Texas Ethics Commission

SCHEDULE A

(512) 463-5800

| The | Instruction Guide explains how to complete this | s form. | 1 Total pages Sch | edule A: |
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SCHEDULE A

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| 11/6/14 | PAULU BREATLY 6 Contributor address; City: State; Zip Code 1368 EQUE Austin TX PT | | 100,00 | <u> </u> |
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| 1// 7//4 | William & Greir Contributor address; City, State; Zip Code 807 E31 Nustraty | 87×16 | 350.00 | İ |
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| ! | Kathy Sotaer | | contribution (\$) | description (if applicable) |
| 11/11/14 | Contributor address; City, State; Zip Code | | 200.00 | I . |
| | Contributor address; City, State; Zip Code 3400 SANTA MONICE 40 | られてアアアカカムリ | | <u> </u> |
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| | Richard HATFIALD Contributor address; City; State; ZIp Code 5403 Muskut Ridge Av | | 15000 | ! |
| 11/11/14 | Contributor address; City, State; Zip Code | die Ti | 1 20-0 Cf | , |
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Texas Ethics Commission

SCHEDULE A

(512) 463-5800

| The | Instruction Guide explains how to complete this | s form. | 1 Total pages Sch | edule A: |
|-----------------|---|--|-------------------------------|---|
| 2 FILER NAME | | | 3 ACCOUNT # (E | thics Commission Filers) |
| | in Pio Rinteria | | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | Chartallet F | // No. | CONTRIDUCTOR (4) | aescription (n applicable) |
| . , <i>,</i> , | 121/14 Christopher Tr Ellis 6 Contributor address; City, State; Zip Code 4408 Long Champ #10 Action 18746 | | 350,00 | |
| 12/1/14 | Continuo doctess, City, State, Zip Code | - Th 78746 | | |
| | 1 408 Long Chrap ato 4050 | 10 10 10 | | <u> </u> |
| | | 40.5-1 | -A | of Texas, complete Schedule T) |
| | pation / Job title (See Instructions) 6.5.49.4 | 10 Employer (See In | structions) | Est, t |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Stone WALL DEMUCRATSOFAU | sta PA.C. | | |
| 11/18/14 | Store Unil Democrats of Av. Contributor address; City, State; Zip Code P.O. Box 408 98 Austin Ti | _ | 100,00 | |
| ,, , , , | P.O. Box 408 98 AUSTIL TI | × 18704 | | |
| | | | (If travel outside o | of Texas, complete Schedule 1) |
| Principal occup | pation / Job title (See Instructions) | Employer (See In | | |
| | | | | |
| Date | Full name of contributor U out-of-state PAC (ID#: | | Amount of | In-kind contribution |
| | Alfyed Stanley Contributor address; City; State; Zip Code 1.0. Boy 5674 Augtin tx | | contribution (\$) | description (if applicable) |
| 11/18/14 | Contributor address: City: State: Zin Code | | 100.01 | |
| | 1.0. Boy 5674 Auction tx | 18162 | | |
| | | '' ' - ' - ' - ' - ' - ' - ' - ' - ' - | · | 1 |
| | | <u> </u> | L | of Texas, complete Schedule T) |
| Principal occuj | pation / Job title (See Instructions) | Employer (See In | structions) | |
| Date | Full name of contributor Out-of-state PAC (ID#_ |) | Amount of | In-kind contribution |
| | South Aust-N Denoira | + 0 | contribution (\$) | description (if applicable) |
| n/n/n | Contributor address: City State: 7m Code | . Þ | 0600 | |
| " " 11 14 | South Aust-N DenoLYA Contributor address; City; State; Zip Code P.O. Box 157592 Aust-NTN | 87.15 | 250.00 | · [|
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | - |
| | | 1 | · · | of Texas, complete Schedule T) |
| Principal occuj | pation / Job title (See Instructions) | Employer (See In | | ucrati |
| F/1 (| Sull name of contributes C | JUNTATIO | | In-kind contribution |
| Date | Full name of contributor out-of-state PAC (ID# | | Amount of contribution (\$) | description (if applicable) |
| | I DEW PAL VOLUNTARY & | cry | | <u>'</u> |
| 11113/14 | IBEW PAC Voluntary F Contributor address; City; State; Zip Code 900 Sevanth St. NW | | 350.00 | <u> </u> |
| | 900 Seventh St.NW | | | † |
| | WASHIRSTON, DC 2 | 0001 | (If travel outside | of Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | Employer (See in | structions) | |
| PAC | | IBEN P | A C | |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission

SCHEDULE A

(512) 463-5800

| | · | | | |
|------------------|--|----------------------|---------------------------------------|---|
| The | Instruction Guide explains how to complete this | s form. | 1 Total pages Sch | edule A: |
| 2 FILER NAME | | | 3 ACCOUNT # (E | thics Commission Filers) |
| SAL | 5 Full name of contributor Out-of-state PAC (1D#_ | | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | | 7 Amount of | 8 In-kind contribution |
| | Sylvia CAMArillo | | contribution (\$) | description (if applicable) |
| | 6 Contributor address: City: State: Zin Code | | 100.00 | ł |
| 12/1/14 | 5 y / v i A CAMAr i / l O 6 Contributor address; City; State; Zip Code P. O. Box 9632 Austur x | 78766 | , , | |
| | Provided K = 10 3/12 | , , , | /IE day, of a shaida s | of Tower complete Schoolile D |
| Principal accur | pation / Job title (See Instructions) | 10 Employer (See In | · · · · · · · · · · · · · · · · · · · | of Texas, complete Schedule T) |
| 9 Principal occu | pation / 300 lide (366 mst declors) | 10 Employer (coo iii | 30 4040//0/ | |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of | In-kind contribution |
| | chille Fath | | contribution (\$) | description (if applicable) |
| 11/28/14 | Shudde FATH Contributor address; City; State; Zip Code 1005 Bluebonnet LN A | | 350.00 | |
| ,,, ,,, | 1005 Bluebonnet LN A | USTIXTY | | |
| | | 72704 | (If travel outside o | of Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) と トルイ ん | Employer (See In | structions) | |
| | | | A | *- * |
| Date | Full name of contributor out-of-state PAC (ID#_ | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 12/1/1 | Contributor address; City, State; Zip Code 10113 Dobbin Austin | <u> </u> | 0 | |
| 12/1/14 | Contributor address; City; State; Zip Code | | 75.00 | ' |
| | 10113 10061 N AUSTIN | TY 78748 | | I |
| | | r: | | of Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | Employer (See In | structions) | |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Sewah J. Avcher Contributor address; City; State; Zip Code | | CONTRIDUCTION (4) | description (it applicable) |
| 11/12/14 | Contributor address; City; State; Zip Code | , | 100.00 | |
| 11/1/2/12 | 2921 GOVAlle Austin | TX 78702 | - | |
| | 7/2/ 5/04/105 | | | of Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | Employer (See In | structions) | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Must. NAPTASSOC PAC C | ommitter | | |
| 11/11/14 | Contributor address; City; State; Zip Code | | 35006 | 1 |
| | 4107 Nedical YKEY#100 | | | 1 |
| | Austin APTASSOC PAC Contributor address; City; State; Zip Code 4107 Medical PK & 1 100 Austin 12 | × 18756 | (If travel outside | of Texas, complete Schedule T) |
| | pation / Job title (See Instructions) | Employer (See In | structions) | |
| | PAC | AUSTIN APT | ASSOCIAT | 10- |
| | , | | | |

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Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| The | Instruction Guide explains how to complete this | s form. | 1 Total pages Scho | edule A: |
|-----------------|---|---------------------|-----------------------------|---|
| 2 FILER NAME | | | 3 ACCOUNT # (E | thics Commission Filers) |
| CAL | no Pio Renteria | | | |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#: | <u> </u> | 7 Amount of | 8 In-kind contribution |
| | | A1 | contribution (\$) | description (if applicable) |
| 1 | MICHARITIVALESUNT COVI | -N2554.14 | 4 | ` |
| 11/25/14 | Michael T. VALPOUNT COVA 6 Contributor address; City; State; Zip Code 4803 Allisum Co Austr | -4 | 100,00 | |
| · | 4803 Allisur Co Austi | in 1 × | | |
| | | 1874/ | (If travel outside o | of Texas, complete Schedule T) |
| | pation / Job title (See Instructions) | 10 Employer (See In | structions) | |
| IN C | tired | | | |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | STEFAN J WYAY Contributor address; City; State; Zip Code 69 11 VIII ITA AVENIA | | CONTRIBUTION (4) | dood, page (, dpp , d , d) |
| 11/4011 | Contributor address; City; State; Zip Code | | 200.00 | |
| 11/42/14 | 69 11 Will it A AVENINA | | 200.00 | |
| | Austin to | ſ | /IE turnel autoida a | of Texas, complete Schedule T) |
| Original consu | oation / Job title (See Instructions) | Employer (See In | | i lexas, complete scredule 1) |
| | 5 M | Chruns | | · 1 |
| | | | Amount of | In-kind contribution |
| Date | ' | | contribution (\$) | description (if applicable) |
| 11/17/14 | Arnold A Cahler Contributor address; City; State; Zip Code 6711 Winterberry Aug | | 150.00 | |
| , , | 6711 WINTERBERRY AUS | f. a Ty | | |
| | • | 18751) | (If travel outside (| of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See In | | |
| | | <u> </u> | | |
| Date | Full name of contributor | | Amount of | In-kind contribution description (if applicable) |
| | LARRY 6. WATER hous. | e | contribution (\$) | description (ii applicable) |
| 11/73/11 | LARVY 6. WATEV hous- Contributor address; City; State; Zip Code 11113 (hampions L | | 200.00 | |
| 11/1/19 | 11113 Champions L | | | |
| | Aust. n | | (If tensol outside a | of Texas, complete Schedule T) |
| Principal occur | pation / Job title (See Instructions) | Employer (See In | | of texas, complete constitute 1) |
| | etired | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of | In-kind contribution |
| , | SULIUNA DAC | | contribution (\$) | description (if applicable) |
| 11/24/14 | Contributor address: City: State: Zip Code | | 2-0 | |
| 1 7 . | SWLIUNA PAC Contributor address; City; State; Zip Code 5555 N LAMNY Plug # E12 | . / | 350.00 | |
| | Austin TX 78751 | | (16 tangen) medalida | of Toyon, complete Cabaduta Ti |
| Disciplina | | Employer (See In | · | of Texas, complete Schedule T) |
| -nncipal occul | pation / Job title (See Instructions) | 1 20 1 | INN A | DAC |
| | | | | |

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SCHEDULE A

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|-------------------|--|----------------------------|---------------------------------------|---|
| The | Instruction Guide explains how to complete this | s form. | 1 Total pages Sch | edule A: |
| 2 FILER NAME | Abrao Pio Aenteri | A | 3 ACCOUNT # (E | thics Commission Filers) |
| | F · · | • | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 11/24/14 | 5 Full name of contributor out-of-state PAC (ID#_ Southwest Laborers Pist Contributor address; City; State; Zip Code 11720 E 21 #D Tulsa, 0 h | 74129 | 350.61 | |
| | 1. 70- | | (If travel outside | I of Texas, complete Schedule T) |
| 9 Principal occup | pation / Job title (See Instructions) | 10 Employer (See In | | District Courcil |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 11/12/14 | Contributor address; City; State; Zip Code 2925 Brianna WFloor | | 350.00 | |
| | Houston Tx 1704 | 2 | (If travel outside of | I of Texas, complete Schedule T) |
| Principal occup | petion / Job title (See Instructions) | Employer (See In | ~ ~ | |
| 1// | 7 | | AC | |
| Date | Full name of contributor Out-of-state PAC(ID#_ An epicon Frederation of St. An J Municipal Emylogació | 1+c, (ov-ty 1+c, (ov-ty | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 1/19/14 | Contributor address; City; State; Zip Code 1625 L Stylet N.W. | | 350.00 | |
| | WAShington, DC 20 | 036 | (If travel outside | of Texas, complete Schedule T) |
| Principal occuj | pation / Job title (See Instructions) | Employer (See In | structions) 1- AFI | cio |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 10/25/14 | Contributor address; City, State; Zip Code 2205 Ponifa Austic | T y Dd 202 | 160.00 | , |
| | 22.3 603.17.0 77.0 37. | 1 7 70 70 7 | (If traval outside | of Texas, complete Schedute T) |
| Principal occu | pation / Job title (See Instructions) | Employer (See In | <u>''</u> | or roxes, compete concease ry |
| Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of | In-kind contribution description (if applicable) |
| 10/30/14 | Jeffrey Thompson Contributor address; City, State; Zip Code 1408 Willow Austral | | contribution (\$) | description (il applicable) |
| | 1108 WILLIAM AUSTRUL | r 10 10 2 | | |
| | | | 1 | of Texas, complete Schedule T) |
| Principal occuj | pation / Job title (See Instructions) | Employer (See In | structions) | |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

| The | Instruction Guide explains how to complete this | s form. | 1 Total pages Sch | edule A |
|-------------------|--|---|---|---|
| 2 FILER NAME | Sabino Pio Renterior | | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC(ID#) City of Australia City; State: Zip Code 30 W. 2 nd St. Australia | | 7 Amount of contribution (\$) 27, 988, 58 | 8 In-kind contribution description (if applicable) |
| 9 Principal occup | pation / Job title (See Instructions) | 10 Employer (See I | :. | of Texas, complete Schedule T) |
| <u> </u> | | | | |
| Date | Full name of contributor out-of-state PAC (ID# | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
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| Principal occup | pation / Job title (See Instructions) | Employer (See I | ` | , joiles, compare contests, |
| | | | | |
| Date | Full name of contributor out of-state PAC (ID#:_ | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City State; Zip Code | | : (If travel outside | |
| Principal occup | pation / Job title (See Instructions) | Employer (See | · · · · · · · · · · · · · · · · · · · | |
| Date | Full name of contributor out-of-state PAC (ID#:_ | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| ; [| Contributor address; City; State; Zip Code | | |] |
| | | 1 | | of Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | Employer (See | instructions) | |
| Date | Full name of contributor out of-state PAC (ID#. | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | . , , , , , , , , , , , , , , , , , , , | | 1 |
| | | | (If travel outside | of Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | Employer (See | | |
| | ATTACH ADDITIONAL COPIES | OF THIS SCHEDULE | AS NEEDED | |

Selector Monos/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

| Accounting/Banking | Legal Services | Solicitation/Fundraising | | sportation Equipment & Related Expense |
|--|---|--|-----------------------|--|
| Consulting Expense | Food/Beverage Expense | Travel In District Travel Out Of District | | ributions/Donations Made By andidate/Officeholder/Political Committee |
| Event Expense Fees | Polling Expense Printing Expense | Office Overhead/Rental | | ER (enter a category not listed above) |
| | | explains how to com | plete this form. | |
| 1 Total pages Schedule F: | 7/4 | Berterra | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 12/5/14 | | een | | |
| 6 Amount (\$) | 7 Payee address: City; Sta | ate; Zip Code | _ | |
| 132.00 | 300 Herrin St. | ,,, ,, | | 78615 |
| 8 PURPOSE | (a) Category (See categories listed at the to | | n) Description (If to | rvei outside of Texas, complete Schedule T) |
| OF EXPENDITURE | Salaries/Contrac | otlabor | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/ | Candidate / Officeholder name OH | 8 | Office sought | Office held |
| Dates 12/5/14 | Payee name Sarah | Beckho | | |
| Amount (\$) | | State; Zip Code | . 1 | $\mathcal{L}_{\mathcal{L}}$ |
| 275.00 | 5338 Painted | 011.012 | Dr., Austin | |
| PURPOSE | Category (See categories listed at the to | op of this schedule) | Description (If its | evel outside of Texas, complete Schedule T) |
| OF EXPENDITURE | Salaries/contract | labor | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/ | | e | Office sought | Office held |
| Date (2/5/14 | Payee name M: Cha e [| | | |
| Arhounf (\$) | Payee address; City; S | State; Zip Code | | |
| 187.00 | 16314 HIII (| Country Dr | | TX 78641 |
| PURPOSE | Category (See categories listed at the b | top of this schedule) | Description (if tr | avel outside of Texas, complete Schedule T) |
| OF EXPENDITURE | Dalaries (contract | labor | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C | Candidate / Officeholder name | 18 | Office sought | Office held |
| Date 12/4/14 | Chris Ntae | rtzes | | |
| Amount (\$) | Payee address; City; S | State; Zip Code | | T. 7 - 1/1/ |
| \$168.00 | 16314 Hill Co | ountry Dr. | Leande | er, TX, 78641 |
| PURPOSE | Category (See categories listed at the t | lop of this schedula) | Description (17 to | evel outside of Texas, complete Schedule T) |
| OF EXPENDITURE | Salaries/contract | 10/0/ | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C | | e . | Office sought | Office held |
| | ATTACHADDITIONAL | COPIES OF THIS SC | HEDULE AS NE | EDED |
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Texas Ethics Commission

POLITICAL EXPENDITURES

| Advertising Expense Accounting/Banking | Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense | Salanes/Wages/Contrac Solicitation/Fundraising Travel In District | Expense Transports | aymenterimbursement ation Equipment & Related Expense ons/Donations Made By | |
|--|--|---|----------------------------|---|--|
| Consulting Expense Event Expense | Polling Expense | Travel Out Of District | Candid | ate/Officeholder/Political Committee | |
| Fees | Printing Expense The Instruction Guide | Office Overhead/Rental | • | nter a category not listed above) | |
| | 2 FILER NAME | evhiers nos in com | | CCOUNT # (Ethics Commission Filers) | |
| 1 Total pages Schedule F: | Z FILER IVANE | | | | |
| 4 Date | 5 Payee name | Jan de 7 | | | |
| 6 Amount (\$) | 7 Payee address; City, Stat | n: 7in Code | Λ | | |
| \$ 546.00 | 5310 Apple Ora | chard L | n, Hustin | TX, 78744 | |
| 8 PURPOSE | (a) Category (See categories listed at the top | of this schedule) (10) | Description (If travel out | tside of Texas, complete Schedule T) | |
| OF EXPENDITURE | Salaries/contract | 14606 | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/ | Candidate / Officeholder name OH | | Office sought | Office held | |
| 1/28/14 | 1101901 | र ०५ | | | |
| Amount (\$) | Payee address; City; St | ate; Zip Code | Leondar, TX | 78641 | |
| \$104,50 | * +8618 Moute | rique Dr | Houston, t | x 770 58 | |
| PURPOSE | Category (See categories listed at the top | of this schedule) | Description (if travel ou | tside of Texas, complete Schedule T) | |
| OF EXPENDITURE | Salaries (contract | labor | | | |
| Complete ONLY if direct expenditure to benefit Co | Candidate / Officeholder name OH | | Office sought | Office held | |
| Date 11/28/14 | Payee name David Chinc | anchan | | | |
| Amount (\$) | Payee address: City; St | ate; Zip Code | Λ | | |
| \$1500.00 | \$ 4908 B | rell Pat | | ,TX, 78744 | |
| PURPOSE OF | Category (See categories listed at the to | p of this schedule) | Description (If travelou | riside of Texas, complete Schedule T) | |
| EXPENDITURE | | bor | | App 6 - 13 | |
| Complete ONLY if direct expenditure to benefit Co | Candidate / Officeholder name /OH |) | Office sought | Office held | |
| Date 11/24/14 | Payee name HEB | | | | |
| Amount (\$) | Payee address; City; St | ate; Zip Code | | | |
| \$112.36 | 2508 E. K | iverside V | 7. 7874 | / | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the to Food / Beverage EXP | e of this schedule) | Description (If basel or | uside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C | Candidate / Officeholder name | <u> </u> | Office sought | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |
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Texas Ethics Commission

POLITICAL EXPENDITURES

| Advertising Expense Accounting/Banking Consulting Expense | Gift/Awards/Memorials Expense Legal Sarvicas Food/Beverage Expense | Salaries/Wages/Con Solicitation/Fundrais Travel In District | ing Expense Tr | can Repsyment/Reimbursement rensportation Equipment & Related Expense contributions/Donations Made By |
|--|--|---|-------------------|---|
| Event Expense | Polling Expense | Travel Out Of Distri | ct | Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) |
| Fees | Printing Expense The Instruction Guide | | - | |
| 1 Total pages Schedule F: | 2 FILER NAME | | | 3 ACCOUNT # (Ethics Commission Filers) |
| 12/5/14 | 5 Payee name Marcela An | die | | |
| 8 Amount (\$) | 7 Payee address; City; St | ate; Zip Code | | |
| \$ 302.50 | PO BOX 680 | | | 78702 |
| 8 PURPOSE OF | (a) Category (See categories listed at the tr | 1 . | (b) Description (| (If travel outside of Texas, complete Schedule T) |
| EXPENDITURE | Salaries/Contract | labor | 1 | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/ | Candidate / Officeholder nam OH | e ———————————————————————————————————— | Office sought | t Office held |
| Date 11728/14 | Payee name Nicholas D. | Solorzan | 1d | |
| Amount (\$) | Payee address; City; \$ | State; Zip Code | 1)(| |
| \$ 1250.00 | 2825 Molli | Mar Dr. | Mano | ,1X,75015 |
| PURPOSE OF | Category (See categories listed at the t | top of this schedule) | Description (| (if travel outside of Texas, complete Schedule T) |
| EXPENDITURE | Jalaries/Contract | labor | L | |
| Complete ONLY if direct expenditure to benefit C/ | Candidate / Officeholder nam | ne | Office sought | t Office held |
| Date 11/28/14 | Payee name Chris Gonz | ales | | |
| Arriount (\$) | | State: Zip Code | | |
| \$ 19200 | 1601 E.5 | th 5+ 7 | 4111, A | tustin, TX 78702 |
| PURPOSE | Category (See categories listed at the | | Description (| (If travel outside of Texas, complete Schedule T) |
| OF EXPENDITURE | DALAries / Contrac | of labor | | |
| Complete ONLY if direct expenditure to benefit C | Candidate / Officeholder nam | ie . | Office sought | t Office held |
| Date | Payee name | · · · · · · · · · · · · · · · · · · · | | |
| 10/26/14 | Sams Club | ************************************** | | |
| Amount (\$) | Payee address; City; \$ | State; Zip Code | 5 . | 2. Astin TX |
| 196.99 | 9900 S It | | | Rd. Austin, TX 78748 |
| PURPOSE OF | Category (See categories listed at the | top of this schedule) | Description (| (If travel outside of Texas, complete Schedule T) |
| EXPENDITURE | Food/Beverage C | xpenses | <u> </u> | |
| Complete ONLY if direct expenditure to benefit Co | Candidate / Officeholder nam /OH | 1 9 | Office sought | it Office held |
| | ATTACH ADDITIONAL | COPIES OF THIS: | SCHEDULE AS I | NEEDED |

POLITICAL EXPENDITURES

| Advertising Expense Accounting/Banking | Gift/Awards/Memorials Expense Legal Sarvices | Salaries/Wages/Cont Solicitation/Fundraisi | ing Expense | | nent & Related Expense |
|---|---|---|------------------|---|----------------------------|
| Consulting Expense Event Expense | Food/Beverage Expense Polling Expense | Travel in District Travel Out Of Distric | ct. | | older/Political Committee |
| Fees | Printing Expense | Office Overhead/Ren | • | OTHER (enter a cate) | gory not listed above) |
| | The Instruction Guide | explains now to co | omprese unis tol | | (Ethics Commission Filers) |
| 1 Total pages Schedule F: | & FILER NAME | | | | |
| 4 Date | 5 Payee name | | | | - · |
| 1)/24/ 4 6 Amount (\$) | 7 Payee address; City; Sta | ate; Zip Code | | | |
| \$162.71 | 6721 S. Cor | ngress Aue | e, Hust | in/X, | 18745 |
| 8 PURPOSE | (a) Category (See categories listed at the to | op of this schedule) | (b) Description | 1 (If travel outside of Texas, | complete Schedule T) |
| OF EXPENDITURE | Food Beverage EX | zenses | | · · · · · · · · · · · · · · · · · · · | |
| 9 Complete ONLY if direct expenditure to benefit C/ | Candidate / Officeholder name | e | Office sough | tht | Office held |
| Date | Payee name | D. 1 | . L | | |
| 12/4/14 | Prive address: City: S | Very op Mer | 11 | <u> </u> | |
| Amount (\$) | , upoe auureae, City, E | | 1 | TV | 700 / |
| \$137.00 | 705 Barton | nsprings | | n, TX, i | |
| PURPOSE OF | Category (See categories listed at the to | op of this schedule) | Description | n) (If travel outside of Texas, | complete Schedule T) |
| OF EXPENDITURE | Fees | | | | |
| Complete ONLY if direct expenditure to benefit C/ | | lė | Office soug | pht | Office held |
| Date / | Payae name | | | · - · · · · · · · · · · · · · · · · · · | |
| 11/14/14 | Ht5 Privee address: City; S | State: Zip Code | | | |
| Amount'(\$) | 2 2 | | 0 - | 3 0. 4 | |
| y 136.96 | 2508 E. KN | Verside | | | |
| PURPOSE OF | Category (See categories listed at the to | inp of this schedule) | Description | n (If travel outside of Texas, | , complete Schedule T) |
| EXPENDITURE | Food/Beverage | | <u> </u> | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | |
| Date, | Payee name | 11 | - T | 11. | |
| 10/6/14 | Payee address; City; S | <u>leck</u> / V (¿ State; Zip Code | ark 14 | pesetting | |
| Amount (\$) | Chy; | 1 | , , | 1 -11- | |
| N 801. | 12211 N. 1H | 1 35 Av | stin// | (, 1812 | · 人 |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the to Principal Expanse | 55 | Descriptio | 1) (If travel outside of Texas | |
| Complete ONLY if direct expenditure to benefit C | Candidate / Officeholder nam | | Office soug | ght | Office held |
| | ATTACH ADDITIONAL | COPIES OF THIS | SCHEDULE AS | S NEEDED | |
| | | | | | |

POLITICAL EXPENDITURES

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Texas Ethics Commission

| Advertising Expense Accounting/Banking Consulting Expense | Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense | Legal Services Solicitation/Fundralsing Expense Food/Beverage Expense Travel in District | | .oan Repayment/Reimbursement Fransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee |
|---|--|--|-----------------------|---|
| Event Expense Fees | Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | |
| 1 Total pages Schedule F: | 2 FILER NAME | expignits now w | displace displacement | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 12/5/H | 5 Payee name Mc Cann |) | | |
| 6 Amount (\$) | 7 Payee address; City, Sta | ite; Zip Code | <i>T</i> | (707 17 |
| À 264.00 | 1000 | | | (, 78727 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the to | a ba (| (b) Description | (If travel outside of Texas, complete Schedule T) |
| 9 Complete ONLY if direct expenditure to benefit C/ | Candidate / Officeholder name | 9 | Office sough | t Office held |
| Date 12/5/14 | Payee name ARran Menn | onsa | | |
| Amount (\$) | Payee address; City; S | tate; Zip Code | <u>.</u> | |
| \$ 192.00 | 136 Eagle K | lock. S | alado, | TX, 76571 |
| PURPOSE OF EXPENDITURE | Salaries/contract | ap of this schoolule) | Description | (If travel outside of Texas, complete Schedule T) |
| Complete <u>QNLY</u> if direct expenditure to benefit C/ | Candidate / Officeholder name OH | 9 | Office sough | t Office held |
| Date 12/5/14 | Payer name Blake Me | dley | | |
| Amount (\$) | Payee address; City; S | tate; Zip Code | Λ | |
| \$ 312.00 | 2817 Salac | | 1 | 1X, 78705 |
| PURPOSE OF | Category (See categories listed at the t | 1 | Description | (If travel outside of Texas, complete Schedule T) |
| EXPENDITURE | Salaries/Contract Candidate/Officeholder name | labos | Office sough | nt Office held |
| Complete ONLY if direct Cardidate / Onicendide name expenditure to benefit C/OH | | | | |
| Date 11/28/14 | Payee name Blake Me | edley | | · - |
| Amount (\$) | Payee address; City; S | State; Z/p Code | Λ | |
| 300.00 | 2817 Salade | | ~~~~ | TX, 78705 |
| PURPOSE OF | Category (See categories listed at the t | , , , | Description | (If travel outside of Texas, complete Schedule T) |
| EXPENDITURE Complete ONLY if direct | Candidate Officeholder name | t labor | Office sough | nt Office held |
| expenditure to benefit C/OH | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

POLITICAL EXPENDITURES

| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Poiling Expense Printing Expense | Salaries/Wages/Con Solicitation/Fundrals Travel In District Travel Out Of Distric Office Overhead/Re | ing Expense Transpor Contribut ct Candi ntal Expense OTHER | payment/Reimbursement tation Equipment & Related Expense iona/Donations Made By data/Officeholder/Political Committee (enter a category not listed above) |
|--|---|--|---|---|
| | The Instruction Guide | explains how to co | | ACCOUNT # (Ethics Commission Filers) |
| 1 Total pages Schedule F: | 2 FILER NAME | · | | MODORI & Crisco Constitucion I norty |
| 4 Date 12/4/14 | Billy Jackso | ^ | | |
| 6 Amount (\$) | 815 W. Slaugh | hter Lm. | #224 | Astin, T.S., 78748 |
| 8 PURPOSE OF EXPENDITURE | tal Category (See categories listed at the to | op of this schedule) | (b) Description (If travel o | utside of Taxas, complete Schedule T) |
| 9 Complete ONLY if direct expenditure to benefit C/ | Candidate / Officeholder name OH | 3 | Office sought | Office held |
| Date 12/2/14 | Paymename Worley Prin | Fina | | |
| Amount (8) | Payee address; City; S | ante; Jzip Code , ASti | 1, TX, | 78722 |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the to | np of this schedule) | Description (If travelo | utside of Texas, complete Schedule T) |
| Complete <u>QNLY</u> if direct expenditure to benefit C/ | | | Office sought | Office held |
| Date 12/2/14 | Payee name Check Mark | Typese | etting | |
| Ambunt (\$) | Payee address; City; S | tats; Zij Code | 122 | |
| PURPOSE OF EXPENDITURE | Printing Expense | | Description (#travel | autside of Texas, complete Schedule T) |
| Complete ONLY If direct expenditure to benefit C/ | Candidate Officeholder name | | Office sought | Office held |
| Date (2/5/ H) Amount (\$) | Brown address: City S | MANDEZ. | | |
| 9480,00 | 5310 Apple Oi | chard L | -n. Austir | Tx, 78744 |
| PURPOSE OF EXPENDITURE | Catagory (See catagories listed at the to Salanes/Contract | op of this schedule) | · · · | outside of Texas, complete Schedute T) |
| Complete ONLY if direct expenditure to benefit C | Candidate / Officeholder name /OH | 9 | Office sought | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |